Communicable Disease Branch Coronavirus Disease (COVID-19) Weekly Key Points

December 8, 2020

The North Carolina Division of Public Health (NC DPH) Communicable Disease Branch will be releasing COVID-19 weekly key points that includes information discussed on the weekly Tuesday Local Health Department call. Recordings of the call will not be made available; please use the information below as a summary of the topics presented on the call. As guidance changes, please use the most recent information provided. For questions, contact the NC DPH Communicable Disease Branch 24/7 Epidemiologist on Call at **919-733-3419**.

Important Updates
- **New:** NCDHHS_LHD Weekly Webinar_12.8.2020 FINAL_v2.pdf (file attached)
- **New:** QuarantineGuidance_12032020.pdf (file attached)
- **Updated:** Local Health Vaccine FAQ-Final 12.4.20.pdf (file attached)
- **Updated:** Find My Testing Place (file attached)

State Epidemiologist Update

- **Revised CDC quarantine guidance:** Dr. Moore reviewed CDC guidance on options to reduce quarantine and associated guidance from NCDHHS (attached).
- **Reinfection discussion:** Health departments are still asked to treat cases with a positive result >90 days after initial positive as new cases for control measure purposes (isolation, contact tracing, etc.). NCDPH is awaiting additional guidance on reporting reinfections from CDC and CSTE before determining whether to start including these in case counts. Changes are being made in NC COVID in the meantime to allow for a repeat positive to create a new event if it has been >90 days. These events will be closed as 'does not meet criteria' so they will not be included in case counts.

Outbreak and Cluster Update

Both outbreak and cluster events are declared over when 28 days have passed since the last case. This is particularly important for outbreaks in congregate living settings and clusters in childcare settings and schools. Those facilities are reported by name on DHHS reports, and we want that list to be as accurate as possible.

Communicable Disease Branch staff assess when the last case occurred in each outbreak by examining the dates entered into the NC COVID outbreak results package, and reviewing the cases linked to the event. We also look at the NC COVID outbreak event overall to see if recent updates have been made and if the event has been assigned to the state. If it is not clear if the outbreak is over after reviewing the event, we'll send a follow up to the LHD.

After the process to determine that an outbreak is over: 1) it needs to be removed from the website reports and public dashboard, and 2) it needs to be closed by state staff in NC COVID.

Traditionally, outbreaks are kept open for a time in NC COVID, so that LHDs can make final updates. This is no longer possible because of issues with data discrepancies and system stability, so NC COVID outbreak events will be closed after CDB determines that they are over.

To ensure that outbreaks are declared over as accurately as possible, please update "date of last illness onset" in the NC COVID results package and link outbreak-associated cases as soon as possible.

If you see a situation where an outbreak has been closed and you think it should still be open, please email your regional TATP nurse and we will work with you to resolve the issue.

Case Investigation/Contact Tracing Updates

With the increase in cases, prioritization of case investigation and contact tracing is critical to assure that we focus on the most vulnerable residents and those with the highest likelihood to spread COVID-19. Our CI/CT is working with local health department input and evaluating what other states/experts in the response are recommending at this point in the pandemic. The team is also considering other supports for this important work, including external stakeholders. This could build upon the relationships and work you are doing already with IHEs and K12 schools. We are considering how to strengthen those partnerships and welcome your feedback. If you have any ideas, please email Beth Lovette at: Beth.lovette@dhhs.nc.gov

Where we are now:
- Case Investigation Prioritization Guidance was finalized (after the LHD call), distributed by email and posted within the Communicable Disease Manual. Scroll down to item 46 under **Information for LHDs Only**. Questions? Please reach out to your regional TATP nurse consultant.
- Contact Tracing Prioritization Guidance was finalized and distributed November 20 and published here. Scroll down to Item 11 under **Contact Tracing and Movement and Monitoring.**
- These two documents are meant to be used by the LHD CI/CT teams to consider current status, backlogs, availability of surge staff from CCTC and other resources to determine how best to prioritize for your community.

We are making changes to CCTO to support more efficient contact and later case notification:
- The single contact notification (where one click sends an email or text message to the contact with all relevant exposure information, including their testing date and last day of quarantine) will become available over the weekend of December 12; we apologize for the delay.
- The NC COVID contact tracing package, which allows contact information to be entered in NC COVID and flow into CCTO and create contact records, we hope will also be available over the weekend of December 12.
- A parallel process for case investigation, where case records are brought over to CCTO and a notification can be sent by text or email to case patients, will be created during December; we are expecting it will be available in early January 2021.
- The softphone, which is a telephony capacity within in CCTO, is delayed until 2021 to give the case notification priority.

Find My Testing Place

Please review the updated 'Find My Testing Place LHD' Excel file weekly to ensure information is up to date and accurate. Please send the updated files or any related questions to SVC_Covid-19TestingSites@dhhs.nc.gov

Question & Answer Section

Q: Can you please include in the weekly key points the formula for calculating the county's percent positive rate?

A: The North Carolina DHHS, Communicable Disease Branch calculates positivity on test results reported by laboratories that have been onboarded through Electronic Lab Reporting (ELR) or the COVID Lab Data Automation (CLDA) process. The inclusion of non-ELR results are heavily skewed positive, as hand-entry of negative labs into NC-COVID is rare/non-existent. Positivity is calculated with the test over test method, which is the method used by CDC.

The formula for calculating the percent positive rate is: # positive PCR test results / total # PCR test results

For individuals with more than one PCR test result in a given day, we count this as a single summary result. If any of these results are positive, the summary result is positive. Positivity is typically broken out by report date or specimen collection date, or sometimes expressed over a 14-day period.

Q: LHD are nervous about the consent issue around referrals for services. Can you address this or how it can be done successfully over the phone?

A: In instances like these, we are asking the LHDs to provide the community health worker (CHW) with the contact information of the patient so the patient can self-refer. So far, it has been seemingly successful for cases and contacts to be given the community health worker's (CHW) information and have the cases/contacts reach out to the CHW. This removes the requirement for getting consent to release the case/contact information to a CHW agency.

Q: Could you share the number of clients who have received social support services by county?

A: There have been 8,349 households served across 29 counties as of last week. If you would like to know specific data by county, please reach out to the distributor of the key points.